Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 12-30-2013 | Address: | SR 70 @ Urbana road |
|--|---|--|---|
| Incident #: | 13ispc012565 | | Derby IN |
| County : | Perry | | |
| Type of Laboratory Seizure (check one) | | Seizure Location (check all that apply) | |
| ☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only) | | Residence Outbuilding Vehicle | ☐ Hotel/Motel☐ Open – No Structure☐ Other: |
| (check all that | l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): | etc) | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| Hydrochloric Acid Gas Generator(s): | | | |
| Flammable Solvents: <u>trash</u> | | | |
| Water Reactive Metal (Lithium): <u>trash</u> | | | |
| Anhydrous Ammonia: | | | |
| □ Corrosive | Acid: trash | | |
| Corrosive | e Base: | | |
| Other (ite | m and location): | | |
| Vehicle Info | rmation: | | |
| Owner: VIN: Year: | | Make: Model: | |
| Yes No | age 18 discovered (check appropriate) (number present) not present but evidence they reside | unclean Estimated les occurring: | itions of home: clean disarray ength of time manufacturing had been formation: |
| This report | has been faxed* or emailed to the fo | llowing agencies th | at serve the location: |
| Fire Department City, Township or County Central Perry CO Fax: 812 843 5148 Health Department County: Perry Fax: 812 547 0415 Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596 | | | |
| | ormation regarding this methamphetan Officer: Paul Andry Phon | nine laboratory, cont e <u>812 459 2239</u> | tact |
| *This form is to b | be faxed to the Fire Department, Health Depar | tment and/or Departmen | t of Child Services listed within 24 hours of |

scene processing.